

## **Mental Health Update**

April 1, 2005

### **Futures Advisory Group**

The Vermont State Hospital Future Planning Advisory Group meets on Monday for the first time with Human Services Secretary Michael Smith and Health Commissioner Dr. Paul Jarris. The meeting is from 1-3 p.m. in the Skylight Conference Room of the Waterbury State Office Complex.

### **Transformation Grant**

The department leaders working on Vermont's application for a SAMHSA Mental Health Transformation Grant (see 3/25/05 Update) will meet within the next two weeks to convene a planning group. A grant writer is already under contract and the selection process is under way for a project manager.

### **Vermont Council Report on VSH Patient Assessment Work**

Julie Tessler, Executive Director of the Vermont Council of Developmental and Mental Health, met with Health Commissioner Dr. Paul Jarris this week and presented the findings of a March 11 review of patient files. The report was well received by Jarris and mental health staff.

This clinical review was carried out by representatives of Vermont's designated mental health agencies. The review group, consisting of nine Community Rehabilitation and Treatment program directors and one designated agency psychiatrist, reviewed VSH patient files to assess whether or not each individual could be served by other existing hospital or community services. The group also tested the program capacity proposals in the Agency of Human Services' *February 4 Recommendations* against the actual inpatient population at the hospital. (For a copy of the *February 4 Recommendations* see VSH Futures Reports at [www.ahs.state.vt.us](http://www.ahs.state.vt.us).)

The group concluded, in part, that we need at least 15 rehabilitation beds and five secure residential treatment beds to serve the existing caseload. The *February 4 Recommendations* called for 16 and six, respectively.

The chart below summarizes the findings. The sub acute rehab category, as described in the *February 4 Recommendations*, is broken out into four sub-categories: general, with medical services, with substance abuse treatment specialization available, and with traumatic brain injury specialization. (This is not a recommendation for separate facilities for each of these areas, but is intended to show more detail about the types of expertise that would be needed within the sub acute rehab category.)

The following chart shows categories of current and proposed services outside of VSH, matched with the program needs of the patients reviewed.

<b>Candidate for Transfer or Discharge to: (existing or future capacity)</b>	<b>VSH Patients Reviewed on 3/11/05 (total-45)</b>	<b>Patient Could Leave VSH Without Delay (total-28)</b>	<b>Patient Could Leave VSH When Acute Symptoms Stabilized (total-17)</b>
• New acute inpatient facility	8	8	0
• Sub acute rehab (general)	3	3	0
• Secure residential (stable and court-ordered)	5	0	5
• Sub acute (with medical services)	4	3	1
• Designated nursing facility (secure)	4	2	2
• Sub acute rehab (with substance abuse specialization available)	4	3	1
• Designated TBI facility with sub acute rehab capability	4	4	0
• Individual wrap around	3	3	0
• Standard care or enhanced standard care	10	2	8

## **Vermont State Hospital Census**

The Vermont State Hospital census was 42 as of midnight, Wednesday night.

Since the beginning of February, 12 patient transfers involving 11 individuals have been made from VSH to other hospitals, as follows:

- To Retreat Healthcare: 6
- To Fletcher Allen: 3
- To Rutland Regional: 1
- To Central Vermont Hospital: 1
- To Windham Center: 1

A recent news report that mentioned eight transfers to the Retreat apparently included one individual transferred from Corrections and another from a community hospital. Neither of the two individuals was first admitted at VSH, although both would have been, had they not gone to the Retreat.

News reports regarding transfers to the Retreat also may have failed to convey that there has been a clear understanding between psychiatrists at the Retreat and at VSH regarding who is appropriate to consider for transfer and who is not.

## **Primary Care/Mental Health Collaborative**

The Department of Health currently has two children's primary care/mental health collaborative programs underway, one in Newport which has been operating for the past five years and one in Milton which is less than a year old. These collaboratives consist of an arrangement by which a mental health professional from the local community mental health agency is located in a primary care practice to provide assessment, case coordination, consultation and even some short-term intervention for children seen in the practice. They are funded with local match dollars and Medicaid (administration and fee for service).

These collaboratives have demonstrated outstanding results in providing comprehensive, holistic, cost-effective early intervention for Vermont children and families. Our hope is to expand these programs throughout the state, as well as providing regular psychiatric consultation to each practice. Practices that are interested in participating may contact Charlie Biss ([cbiss@vdh.state.vt.us](mailto:cbiss@vdh.state.vt.us)) for further information.

## **Designation Process**

The departments of Health and of Aging and Independent Living will be working in coming months to address issues related to the designation of local agencies in the wake of AHS reorganization. A team will seek feedback from the standing committees and from providers, review the recommendations in the sustainability study, and consider other evidence in determining what changes might be made. The Health Department's point person for this effort is Frank Reed ([freed@vdh.state.vt.us](mailto:freed@vdh.state.vt.us)). Once this group has mapped out an approach, a new calendar for the agency designation process will be announced.

## **Alcohol Awareness Month**

Governor Jim Douglas has declared April as Alcohol Abuse Awareness Month and is urging support for prevention, treatment and rehabilitation programs for individuals struggling with alcohol-related problems. Throughout the month, activities will be taking place in communities around the state to highlight prevention efforts and bring attention to Vermont's substance abuse issues. Fact sheets, promotional materials, web links and a calendar of events are available at the Health Department's website: [www.healthyvermonters.info](http://www.healthyvermonters.info).

The federal Substance Abuse and Mental Health Services Administration estimates that 50 to 75 percent of patients in substance abuse treatment programs have co-occurring mental illness and 20 to 50 percent of all those treatment in mental health settings have co-occurring substance abuse.

## **Vermont State Hospital Renovations**

Completed and planned improvements at VSH include the following:

- Soundproofing has been completed in four seclusion rooms on Brooks 1 and 2. New doors are scheduled to be installed next week.
- Full spectrum lighting has been installed in patient care areas.
- Electrical panels in storage areas on Brooks 1 and 2 will be re-located in the next several weeks to the attic, freeing up space for staff work.
- Air conditioning work will begin in April or May and will be completed within four to five months, depending upon the timing of other Buildings and General Services projects.
- Porch stairwells and porches need repair and a structural engineer will review scope of the work, which may involve demolition to parts of the existing porches.
- A fence will be installed in the Brooks 1 yard after the ground thaws. In addition, a small roof will be constructed for the Brooks 1 yard door to eliminate the danger of ice falling off the roof and injuring patients. These alterations to the Brooks 1 yard area will make outdoor access in the winter possible.

## **Fletcher Allen Health Care Discussions**

Health Department and Fletcher Allen representatives met this week to discuss a new contract for clinical services at Vermont State Hospital. The main focus of the meeting was on the scope of services section of a draft contract. The current contract has been extended through the end of the fiscal year, June 30. While the department's priority is the FAHC contract, we plan to resume discussions with both FAHC and Dartmouth Hitchcock about cooperative efforts in FY06.

## **Deputy Search**

Feedback is requested on a draft job description for the deputy commissioner of health for mental health services. The draft is posted at the Health Department website, [www.healthyvermonters.info](http://www.healthyvermonters.info). Comments may be sent to John Howland Jr. ([howland@vdh.state.vt.us](mailto:howland@vdh.state.vt.us)) in the commissioner's office. There is flexibility in the hiring salary, based on the professional training and experience of the candidate.